



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ **\$1,360.00**)

### Complete if Known

Application Number	10/786,591 – Conf. #4343
Filing Date	February 26, 2004
First Named Inventor	Espen HAUGE
Examiner Name	R. Popovics
Art Unit	1724
Attorney Docket No.	51402-229914

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: **22-0261** Deposit Account Name: **Venable LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

<u>Fee Description</u>	<u>Small Entity</u>
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	200 100
Multiple dependent claims	360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 =	x	=	

##### Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 =	x	=	

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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HP = highest number of total claims paid for, if greater than 20.

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	=	

#### 4. OTHER FEE(S)

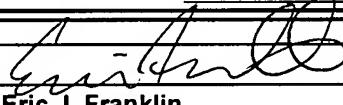
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

**Request for Continued Examination (RCE) Fee** \$ 790.00

**Third-Month Extension of Time Fee** \$ 570.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	37,134	Telephone	(202) 344-4000
Name (Print/Type)	Eric J. Franklin			Date	May 16, 2007

#859382



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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

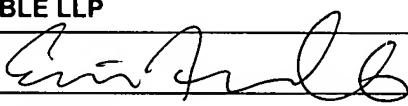
16

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### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Petition for Extension of Time (3 Months) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Inventor Declaration	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Corrected Filing Receipt	
<input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Claim for Priority and Certified Document	<input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Assignment		<input type="checkbox"/> Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	VENABLE LLP		
Signature			
Printed name	Eric J. Franklin		
Date	May 16, 2007	Reg. No.	37,134